

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

166

06995

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester
 City or town Secretary
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:
Main St.
 How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Secretary
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Elvira Bradley

3. (b) Social Security Number

4. Sex Female 5. Color or race w 6.(a) Single, married, widowed, or divorced widow
 6.(b) Name of husband or wife Roland Bradley
 7. Birth date of deceased (mo. day, yr.) May 25 1905 6.(c) If alive, give age _____ years
 8. AGE: Years 42 Months — Days — If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (town, county, and state)
 10. Usual occupation Factory - Spint
 11. Industry or business "

12. Name Samuel Abbey
 13. Birthplace Md.
 14. Maiden name Bertha
 15. Birthplace Md.

16. Informant Carrie Saunders
 Address Secretary
 17. Burial Date thereof Aug 9th 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery
 Location East New Market
F.B. Wilbou 9th St.
 18. Funeral director East New Market
 Address East New Market

19. Aug 8 1947 Elizabeth C. Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1947 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____
 and that I last saw him _____ alive on _____ 19____

Immediate cause of death Injury to Brain
 Due to Pistol shot wound
through skull
 Due to _____
 Other conditions ✓
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide homicide Date of Aug 7/47
 Where did injury occur? Secretary - Don. Md. (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) on state road
 Means of injury Pistol shot Injured at work? No

23. SIGNATURE Jo K. Shivers Dep. Med. Ex.
 Address Cambridge Date signed Aug 7/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 12 1947
DUBLAG 8 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06996

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Near Eldorado
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Eldorado
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

George S. Brinsfield

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Annie R. Brinsfield

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

March 20, 1868

8. AGE:

Years

Months

Days

If less than one day

79419

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Farm

FATHER

12. Name

George D. Brinsfield

13. Birthplace

Dorchester County, Maryland

MOTHER

14. Maiden name

Margaret E. Thompson

15. Birthplace

Dorchester County, Maryland

16. Informant

Willie K. Brinsfield

Address

Rhodesdale, Maryland R.T.D.

17.

Burial
(Burial, cremation, or removal, Which?)Date thereof August 11, 1947
(month) (day) (year)

Cemetery or crematory

Eldorado Cemetery

Location

Eldorado, Maryland

18. Funeral director

J. J. Thompson and Son

Address

Federalburg, Maryland

19.

(Date rec'd by registrar)

19

N. L. HastingsReg.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 19 47 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 10 19 47 to Aug 9 19 47
and that I last saw him alive on Aug 9 19 47

Immediate cause of death

Arterio Sclerosis

DURATION

2

Due to

Due to

Other conditions

(Include pregnancy within 5 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

N. S. Kuhlman

M. D. or other

Address

Thompson Rd

Date signed

8/10/47

RECEIVED

AUG 19 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06997

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County DorchesterCity or town Hullock - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 weeks

Hospital, institution, or street address where death occurred:

PetersburgHow long in hospital or institution? 4 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Mt. Pleasant
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3. (a) FULL NAME

Josephine Chambers

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Tony Chambers7. Birth date of deceased (mo., day, yr.) November 27, 18636. (c) If alive, give age - years8. AGE: Years 83 Months 8 Days 6 If less than one day
..... hrs. min.9. Birthplace Caroline County, Maryland
(Town, county, and state)10. Usual occupation Housework11. Industry or business Home12. Name Hezekiah Chase13. Birthplace Caroline County, Maryland14. Maiden name Julia Blake15. Birthplace Caroline County, Maryland16. Informant Ella R. JolleyAddress Hullock, Maryland, R. 7.0.17. Burial Date thereof August 6, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Pleasant CemeteryLocation Near Preston, Maryland18. Funeral director J. J. Trupton his sonAddress Federalburg, Maryland19. Aug 6 - 1947 Chas W. Hastings
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3, 1947, at 1 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1, 1946, to August 3, 1947and that I last saw h. PR alive on July 1, 1947Immediate cause of death Pulmonary Hemorrhage

DURATION

6 hr.
2Due to Arteriosclerotic Heart DiseaseDue to Same

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas W. Hastings

M. D. or other

Address Hullock, Maryland Date signed 8/4/47

RECEIVED

AUG 14 1947

BUREAU 9 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164C

06998

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester
 City or town Secretary
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:
Main St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Secretary
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 7
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Harry H. Collins

3. (b) Social Security Number

4. Sex

male

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

May Bradshaw

7. Birth date of deceased (mo., day, yr.)

Feb. 28 1890

6. (c) If alive, give age years

8. AGE:

576-hrs.min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Garage Owner

11. Industry or business

X X

MOTHER FATHER

12. Name

John Collins

13. Birthplace

Md.

14. Maiden name

Leila Collins

15. Birthplace

Md.

16. Informant

Sally Collins - Brother

Address

Secretary - Md

17. Burial

BurialAug 10, 1947
(month) (day) (year)

Cemetery or crematory

Location

East New Market

18. Funeral director

Address

4. B. Welbourn
East New Market

19. Date rec'd by registrar

Aug 9 19 47
Elizabeth C. Smith
Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 7 19 47 at 8 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19and that I last saw him alive on 19

Immediate cause of death

Injury to Brain

Due to

Pistol shot wound through skull

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of Aug. 7/47Where did injury occur? Secretary Dor. Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) on State RoadMeans of injury Pistol shot Injured at work? No

23. SIGNATURE

Jo. B. Shriver, Dep. Med. Exam.
M. D. or otherAddress Cambridge - Md Date signed Aug 7/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

06999

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County.....Dorchester

City or town.....Eldorado
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Belia F. Dukes

3. (b) Social Security Number

4. Sex

7 White

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife:

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day
66 27 hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Henry Payne

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address 2705 Nichols Ave S.E. D.C.

17. (Burial, cremation, or removal, which?)

Date thereof 8-10-47
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

8-10-47

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Md

County.....Dor

City or town.....Rhodesdale

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH.....8/8 1947 at 10:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1943 to August 8 1947

and that I last saw him alive on August 7 1947

Immediate cause of death

Chronic Myocarditis 3 yrs +

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

Address.....

W C Harrison MD
Hurlock Md.
Date signed 8/8/47

M. D. or other

Date signed 8/8/47

RECEIVED
AUG 18 1947
BUREAU # 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07000

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:

County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....all of life
 Hospital, institution, or street address where death occurred:
 50 Robbins St.
 How long in hospital or institution?.....X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State.....Maryland County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....50 Robbins St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Lewis Jean Williams-Fuller

3. (b) Social Security Number

4. Sex.....male
 5. Color or race.....colored
 6.(a) Single, married, widowed, or divorced.....single

6.(b) Name of husband or wife.....X
 6.(c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) August 12, 1947

8. AGE: Years.....X Months.....X Days.....2 If less than one day.....X hrs.min.

9. Birthplace.....Cambridge, Maryland
 (Town, county, and state)

10. Usual occupation.....none

11. Industry or business.....X

FATHER 12. Name.....Donnie Fuller
 13. Birthplace.....Md.

MOTHER 14. Maiden name.....Bernice Williams
 15. Birthplace.....Md.

16. Informant.....Maggie Darby
 Address.....50 Robbins St.- Cambridge, Md.

17. (Burial, cremation, or removal. Which?) Date thereof.....Aug 15, 1947
 (month) (day) (year)
 Cemetery or crematory.....
 Location.....

18. Funeral director.....
 Address.....

19. (Date rec'd by registrar).....Aug 15, 47 Registrar.....

MEDICAL CERTIFICATION

20. DATE OF DEATH.....August 14.....19 47.....at 11-30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X.....19.....to.....X X.....19

and that I last saw h.....X.....alive on.....X X.....19

Immediate cause of death.....Atelectasis
 DURATION 2days

Due to.....X

Due to.....X

Other conditions.....X

(Include pregnancy within 3 months of death)

Major findings of operations.....Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Date of.....

Where did injury occur?.....(City or town).....(County).....(State)

Injured at home, farm, industry, public place (where?).....

Means of Injury.....Injured at work?

23. SIGNATURE.....
 M. D. or other
 Address.....Cambridge, Md.....Date signed.....Aug. 14/47

RECEIVED

AUG 18 1947

BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

201 116

1. PLACE OF DEATH:

County..... Dorchester
City or town..... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 5 mos.
Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
How long in hospital or institution?..... 5 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... Kent
City or town..... Still Pond
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Andrew J. Hackett

3. (b) Social Security Number

none

4. Sex..... Male 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widower
6.(b) Name of husband or wife..... Margaret Gears
7. Birth date of deceased (mo., day, yr.)..... November 8 - 1883 6.(c) If alive, give age..... years
8. AGE: Years..... 63 Months..... 8 Days..... 25 If less than one day..... hrs. min.

9. Birthplace..... Still Pond Kent County Maryland
(Town, county, and state)

10. Usual occupation..... Blacksmith

11. Industry or business

12. Name..... Andrew Hackett
13. Birthplace..... Kent County Maryland
14. Maiden name..... Rena Rasin
15. Birthplace..... Kent County Maryland

16. Informant..... Hospital Records

Address..... Cambridge, Maryland

17. Burial Date thereof..... Aug 6, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Still Pond

Location..... Still Pond, Md.

18. Funeral director..... B. B. Hellows

Address..... Still Pond, Md.

19. Aug 6 19 47 J. H. Clark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 3 19 47 at 6.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 3 19 47 to August 3 19 47
and that I last saw him alive on August 3 19 47

Immediate cause of death.....

DURATION

Chronic Myocarditis and myocardial
Degeneration more than
5 mos.

Due to.....

Other conditions..... Disseminated sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... Grace Chansomb
M. D. or other

Address..... Cambridge Md. Date signed..... 8/3/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The form at age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07002

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge (Rural)
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

48

9

48

hrs.

min.

9. Birthplace

New Haven

Conn.

10. Usual occupation

Building Contractor

11. Industry or business

FATHER

12. Name

Frederick B. Hincley

13. Birthplace

Conn.

MOTHER

14. Maiden name

Edith Prout

15. Birthplace

Conn.

16. Informant

Barbara L. Hincley

Address

Horns Point Cambridge, Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

Aug. 23, 1947

(month) (day) (year)

Cemetery or crematory

Maple Grove Cemetery

Location

Kew Gardens, New York

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

(Date rec'd by registrar)

19

47

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No. R. F. D. # 3

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1947 at 2-15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1947 to 21 1947and that I last saw him alive on 21 1947

Immediate cause of death

DURATION

Bleeding of Coronary
Arteries

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge, Md. Date signed Aug 21/47

RECEIVED

AUG 23 1947

BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07003

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? One Day
 Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
 How long in hospital or institution? One Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 14 Washington
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Stella Engle Hindman

3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife John H. Hindman
(Died 1938) 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 2, 1890
 8. AGE: Years 57 Months 4 Days 29 If less than one day _____ hrs. _____ min.

8. Birthplace Butler County, Penna.
 (Town, county, and state)

10. Usual occupation -11. Industry or business -

12. Name Warren G. Aggas
 13. Birthplace Penna.
 14. Maiden name Belle McCanlass
 15. Birthplace Penna.

16. Informant Mrs. Vera Abbott
 Address Cambridge, Maryland

17. Burial Date thereof Aug. 4, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
 Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. Aug 4 - 47 John Macer Jr. Registrar
 (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1, 1947 at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31, 1947 to Aug 1, 1947
 and that I last saw him alive on August 1, 1947

Immediate cause of death Coronary Thrombosis DURATION 12 hours

Due to ArteriosclerosisDue to -

Other conditions Diabetes Mellitus 11 years
Macrocytic Anemia 70 years
 (Include pregnancy within 3 months of death)

Major findings of operations None
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other Aug 2, 1947
 Address Cambridge Md Date signed _____

RECEIVED

AUG 5 1947

BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

462

CERTIFICATE OF DEATH

Reg. Dist. No.

116

1. PLACE OF DEATH:

County

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, Which?)

Cemetery or crematory

Location

19. Funeral director

Address

19. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. CERTIFY that death occurred on the date above stated, that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 25 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07005

Reg. Dist. No. 116

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:
413 High St.
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 413 High St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Levin Keene

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6.(a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife X X
 7. Birth date of deceased (mo., day, yr.) about 1892 6.(c) If alive, give age years
 8. AGE: Years about 55 Months X Days X It less than one day hrs. min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business General
 12. Name unknown
 13. Birthplace Md.
 14. Maiden name unknown
 15. Birthplace Md.

16. Informant Henry Keene
 Address Noble St. - Cambridge, Md.
 17. anti ark Date thereof aug 26
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Cenestry
 Location near Cambridge
 18. Funeral director Lewis H. Baineum
 Address Cambridge Md
 19. Aug. 23 - 19 47
 (Date rec'd by registrar) Registrar John Mac J. m

MEDICAL CERTIFICATION about

20. DATE OF DEATH August 21 1947 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X 19..... to X X 19.....
 and that I last saw X alive on X X 19.....

Immediate cause of death Disease of Coronary Arteries DURATION ?

Due to X XDue to X XOther conditions X X

(Include pregnancy within 3 months of death)

Major findings of operations.....

Antopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date ofWhere did injury occur? X (City or town) (County) (State)Injured at home, farm, industry, public place (where?) XMeans of injury X Injured at work?23. SIGNATURE Dr. H. Shiner, Dep. Med Exam M. D. or otherAddress Cambridge, Md. Date signed Aug 22/47

RECEIVED

AUG 25 1947

BUREAU 7.8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07006

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? -Hospital, institution, or street address where death occurred:
RFD # 2How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 2
(If rural, give LOCATION)2.(a) If veteran, name war -

3. (a) FULL NAME

John B. Large

3. (b) Social Security Number

-

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	--

6. (b) Name of husband or wife Clifford Marshall6. (c) If alive, give age 6.0 years7. Birth date of deceased (mo., day, yr.) Aug. 18, 1882

8. AGE:	Years	Months	Days	If less than one day
<u>65</u>	<u>-</u>	<u>10</u>	<u>-</u>	<u>-</u>
	hrs.		min.	

9. Birthplace Philadelphia, Penna.
(Town, county, and state)10. Usual occupation Vice-President11. Industry or business Penna. Railroad12. Name John B. Large13. Birthplace Philadelphia, Pa.14. Maiden name Sarah Meade15. Birthplace Philadelphia, Pa16. Informant James W. LargeAddress Strafford, Penna.17. Burial Date thereon Sept. 2, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory South Laurel HillLocation Philadelphia, Penna.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 8-30-47 John Meade
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28, 1947 at 10-30 A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to 1947and that I last saw him alive on Aug 28 1947Immediate cause of death Disease of Coronary Arteries - 1 yrDue to Hypertension - several years.Due to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -Signature Dr. R. Shivers, Dep. Med. Exam.Address Cambridge - Md. Date signed Aug 30/47

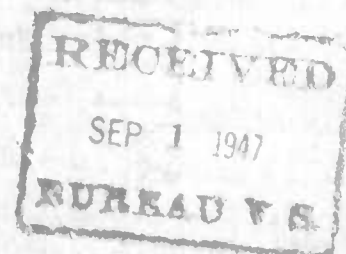
MARGIN RESERVED FOR BINDING

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VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

07007

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Woolford
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge 4 years Woolford
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

William J. Manoke

3. (b) Social Security Number

4. Sex Male 5. Color or race col 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife Rachel A Manoke

7. Birth date of deceased (mo., day, yr.) Jan 21 1860 6.(c) If alive, give age 64 years

8. AGE: Years 84 Months Days If less than one day

9. Birthplace Church Creek
 (Town, county, and state)

10. Usual occupation laborer

11. Industry or business none

12. Name Charles H. Manoke

13. Birthplace md

14. Maiden name Millicent Parke

15. Birthplace Wilmington

16. Informant Alice Manoke

Address Woolford, md

17. (Burial, cremation, or removal, which) Cambridge Date thereof Sept 4-47

Cemetery or crematory Cambridge

Location St. Johns H Bayside

18. Funeral director Cambridge, md

Address Cambridge, md

19. Sept 4 1947 John Manoke Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1947 at 4:30 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1947 to Aug 31 1947

and that I last saw him alive on Aug 31 1947

Immediate cause of death Cerebral Apoplexy

paralysis + Coma

Due to hypertension

Due to

Other conditions none

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Hugh Brown MD

M. D. or other

Address Cambridge, md Date signed 9/3/47

RECEIVED

SEP 8 1947

BUREAU # 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

07008

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 days
Hospital, institution, or street address where death occurred:
Cambridge-Maryland Hospital
How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Delaware County Sussex
City or town Seaford, R.F.D. 3
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D. 3
(If rural, give LOCATION) ✓

3. (a) FULL NAME

Mrs. Alverta Marine

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) August 24, 1867 6. (c) If alive, give age _____ years

8. AGE: Years 79 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

12. Name David C. Dume

13. Birthplace MD

14. Maiden name Sarah E. Phillips

15. Birthplace MD

16. Informant Edith E. Marshall

Address 5 Choptank Ave Cambridge

17. Burial Burial Date thereof 8-16 1947
(Burial, cremation, or entombment) (month) (day) (year)

Cemetery or crematory Taylor's

Location Sharptown

18. Funeral director Gradenor Bros

Address Sharptown

19. _____ 19. _____
(Date rec'd by registrar) H. L. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 19 47 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 19 47 to Aug 14 19 47 and that I last saw her alive on Aug 14 19 47

Immediate cause of death _____ DURATION _____

Myocardial failure 1 day

Due to arteriosclerotic H.D. unknown

Due to fractured femur 11 days

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8/1/47

Where did injury occur? Seaford Delaware
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fall (9/24/47) Injured at work?

23. SIGNATURE Lawrence Mangano M. D. or other

Address Cambridge, Md. Date signed Aug. 14, 1947

RECEIVED

AUG 19 1947

BUREAU 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Cedar Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Cedar St
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

William A McCreedy

3. (b) Social Security Number

4. Sex Male 5. Color or race Co 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife Lida McCreedy7. Birth date of deceased (mo., day, yr.) May 6 18698. AGE: Years 48 Months 2 Days 25 If less than one day9. Birthplace Elroy, Pa (Town, county, and state)10. Usual occupation laborer11. Industry or business none12. Name Levin McCreedy13. Birthplace Chapall14. Maiden name Hanna A. Slackton15. Birthplace Chapall16. Informant Malvin McCreedyAddress Cambridge17. (Burial, cremation, or removal, Which?) Cremation Date of death Aug 7 (month) (day) (year)Cemetery or crematory Beck'sLocation Chapall rd18. Funeral director Levin H. Baymen

Address

19. Aug 6 1947 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1947 at 3 A M

I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 10 1947 to Aug 2 1947and that I last saw him alive on Aug 2 1947Immediate cause of death interior diseaseDURATION 4 yr

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE P. H. Talar

M. D. or other

Address Baltimore, MdDate signed Aug 5 1947

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 7 1947

BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Toddsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Toddsville
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Toddsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Toddsville
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Charlie Goldsborough Meredith

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Etta Tall Meredith

7. Birth date of deceased (mo., day, yr.) June 10, 1888
 6. (c) If alive, give age 54 years

8. AGE:

Years
59Months
2Days
11If less than one day
hrs. min.

9. Birthplace Toddsville, Dor. Co., Md.
 (Town, county, and state)

10. Usual occupation Waterman11. Industry or business Seafood12. Name Asbury C. Meredith13. Birthplace Maryland14. Maiden name Durinda Todd15. Birthplace Maryland16. Informant Mr. Roland MeredithAddress Toddsville, Maryland

17. Burial Date thereof Aug. 24, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Zion Methodist CemeteryLocation Toddsville, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland

19. Aug 23, 47 19 47 John Mace Jr. md
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 21, 1947 at 8:08 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 46 to Aug. 21, 1946
 and that I last saw him alive on Aug. 21, 1947

Immediate cause of death myocardial failure DURATION 1 day

Due to arteriosclerotic heart disease unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence H. Hays M. D. or other

Address Cambridge, Md. Date signed 8/23/47

RECEIVED

AUG 25 1947

BUREAU 7 E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

942

07011

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days

Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County StaffordCity or town Stafford
(If outside city or town limits, write RURAL and give nearest town)Street No. 1130 Larchmont Crescent
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Benjamin J. Middleton

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

G. Ethel Hall

7. Birth date of deceased (mo., day, yr.)

Jan 6 - 18926. (c) If alive, give age 57 years

8. AGE:

Years 55Months 7Days 20

If less than one day

hrs. min.

9. Birthplace

Rock Hall, Md.
(Town, county, and state)

10. Usual occupation

Sea Captain

11. Industry or business

Benj J. Middleton

12. Name

Rock Hall, Md

13. Birthplace

Katherine Gardner

14. Maiden name

Rock Hall, Md

15. Birthplace

Mrs. Benjamin Middleton

16. Informant

1130 Larchmont Crescent

17. Burial

Stafford

18. Funeral director

Cambridge, Md.

19. (Date rec'd by registrar)

5-27-1947

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1947 at 9:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Disease of Coronary Arteries

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

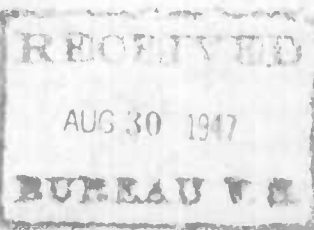
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address Cambridge, Md. Date signed Aug 27/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07012

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Hambrooks Blvd.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Dor.City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Hambrooks Blvd.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Elizabeth Miller Orr

3. (b) Social Security Number

none4. Sex female5. Color or race white6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife John Herbert Orr

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/23/668. AGE: Years 81 Months 5 Days 20 If less than one day hrs. min.9. Birthplace White Stone, N.Y.
(Town, county, and state)10. Usual occupation housewife

11. Industry or business

12. Name John Miller13. Birthplace N.Y.14. Maiden name Josephine Ferreiot15. Birthplace N.Y.16. Informant John OrrAddress Cambridge17. burial Date thereof 8/15/47
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory GreenlawnCambridge, Md.

Location

18. Funeral director Le Comte Funeral serviceAddress Cambridge, Md.19. 8-15- 19 47 John Thacker Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13th 19 47 at 11 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22nd 19 47 to Aug 13 19 47and that I last saw her alive on Aug 13th 19 47Immediate cause of death Chronic Myocarditiswith Congestive Failure

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hugh Brown M.D. M. D. or otherAddress Cambridge Md. Date signed Aug 15, 47

RECEIVED

AUG 18 1947

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge, (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 yrs.
 Hospital, institution, or street address where death occurred:
R.F.D.#3
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge, (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.F.D.# 3
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Rosy May Payne

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Wm. Payne
 6. (c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) May 3, 1882
 8. AGE: Years 65 Months 4 Days 27 If less than one day
hrs.min.

9. Birthplace Taylor's Island, Dor. Co.
 (Town, county, and state)
 10. Usual occupation housework
 11. Industry or business housework
 FATHER 12. Name John Ellis
 13. Birthplace Md.
 MOTHER 14. Maiden name Charlotte Ellis
 15. Birthplace Md.

16. Informant Charles Payne
 Address Cambridge, Md. R.F.D.#3

17. Burial Date thereof Aug. 31, 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Truagh
 Location Cambridge Md.

18. Funeral director L. H. Bayne
 Address Camb. Md.

19. 8-30 19 47 John M. ...
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29/47 19..... at 4 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X 19..... to X X 19.....
 and that I last saw him X alive on X X 19.....

Immediate cause of death Cerebral Haemorrhage
 DURATION 1 day

Due to Hypertension 1 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jos. K. Shriver, Dep. Med. Exam.
 M. D. or other
 Address Cambridge, Md. Date signed Aug. 30/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 4 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

07014

121

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? seven daysHospital, institution, or street address where death occurred:
Cambridge MarylandHow long in hospital or institution? seven days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County DorchesterCity or town East New Market
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Harmon Pennybacker

3. (b) Social Security Number

4. Sex Male5. Color or race W6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Lillian Pennybacker7. Birth date of deceased (mo., day, yr.) May 7, 18906.(c) If alive, give age 52 years8. AGE: Years 57 Months 3 Days 8 If less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Merchant11. Industry or business Same12. Name Lillian P. Pennybacker13. Birthplace Tenn.14. Maiden name Marion Adams15. Birthplace Delaware16. Informant Mrs. Harmon PennybackerAddress East New Market Md.17. (Burial, cremation, or removal. Which?) Burial Date thereof Aug. 19, 1947
(month) (day) (year)Cemetery or crematory CemeteryLocation East New Market18. Funeral director F.B. HildrethAddress East New Market19. 8-16- 19 47 John Tracey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15, 1947 at 3:45 P M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug. 10, 1947 to Aug. 15, 1947 and that I last saw him alive on Aug. 15, 1947Immediate cause of death Myocardial FailureDue to Paralytic IleusDue to Appendicitis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where)? _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Lawrence Maryanov M.D.Address Cambridge Md. M. D. or other _____Date signed 8/15/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 20 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07015

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years +

Hospital, institution, or street address where death occurred:

405 Academy

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 405 Academy

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Jennie Willoughby Riley

3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widowed

6.(b) Name of husband or wife

John W. Riley

7. Birth date of deceased (mo., day, yr.)

9/15/54

6.(c) If alive, give age years

8. AGE:

Years

92

Months

10

Days

29

If less than one day

hrs.

min.

9. Birthplace

East New Market, Md.

(Town, county, and state)

10. Usual occupation

housewife

11. Industry or business

own home

FATHER

12. Name

not known

13. Birthplace

11

MOTHER

14. Maiden name

11

15. Birthplace

16. Informant

Mrs. Zora West

Address

Cambridge, Md.

17.

burial

(Burial, cremation, or removal. Which?)

Date thereof

8/16/47

(month) (day) (year)

Cemetery or crematory

Greenlawn

Location

Cambridge, Md.

18. Funeral director

Le Comte Funeral Service

Address

Cambridge, Md.

19.

8-16-

19

47

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 13

19

47

at

3:15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 23

19

44

to

Aug 13

19

47and that I last saw her alive on Aug 11 1947

Immediate cause of death

Myocardial Failure

DURATION

10 days

Due to

Arterio Sclerotic Cardis

Due to

Vascular renal

Other conditions

Emphysema

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Edridge H. Bellus

M. D. or other

Address

Cambridge Md.

Date signed

8-15-47

RECEIVED

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

67017

1. PLACE OF DEATH:

County Dorchester

City or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 hours

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 720 Linnaea Street
(If rural, give LOCATION)

2.(a) If veteran, name war World War I

3. (a) FULL NAME

James T. Stefford

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife May E. Stefford

7. Birth date of deceased (mo., day, yr.) January 29, 1890

8. AGE: Years Months Days If less than one day
57 6 5 hrs. min.

9. Birthplace Choptank, Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Secretarial

11. Industry or business Western Maryland Railroad

12. Name Linden P. Stefford

13. Birthplace Caroline County, Maryland

14. Maiden name Linda Melford

15. Birthplace Dorchester County, Maryland

16. Informant Mrs. May E. Stefford

Address 720 Linnaea Street, Baltimore 29 Md.

17. Burial Date thereof August 7, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Landon Park Cemetery

Location Baltimore, Maryland

18. Funeral director J. F. Frampton and Son

Address Federalsburg, Maryland

19. Aug 5 - 47 Charles Hastings
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 4 19 47 at 1 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 4 19 47 to August 4 19 47 and that I last saw him alive on August 4 19 47

Immediate cause of death Coronary Thrombosis

Due to Chronic Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. C. Harrison MD

Address Hurlock Md M. D. or other

Date signed 8/4/47

DURATION

10 minutes

unknown

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AUG 6 1947
BUREAU OF

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9-45-15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07018

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Dorchester
 (If outside city or town limits write RURAL and give nearest town)
 How long in above place of death? All of his life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits write RURAL and give nearest town)
 Street No. Rt 2
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Stephen W. Standley

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Ada Standley

7. Birth date of deceased (mo., day, yr.) Nov 3 - 1894 6. (c) If alive, give age 54 years

8. AGE: 52 Years 10 Months 27 Days If less than one day
 hrs. min.

9. Birthplace Dorchester
 (town, county, and state)

10. Usual occupation Farmer

11. Industry or business none

12. Name Richard M. Standley

13. Birthplace Maryland

14. Maiden name Farman Standley

15. Birthplace Dorchester

16. Informant Ada Standley

Address Dorchester

17. (Burial, cremation, or removal. Which?) burial Date thereof Sept 2 1947
 (month) (day) (year)

Cemetery or crematory Cemetery

Location Dorchester

18. Funeral director Leah B. Bazzano

Address Cambridge Md

19. 9-2- 19 47 John Mace Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 19 47, at 11:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 47, and that I last saw him alive on August 30 19 47.

Immediate cause of death uremia DURATION 10 days

Due to Chronic hepatitis 2

Due to Hypertension Essential?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; no

Accident, suicide, or homicide Date of

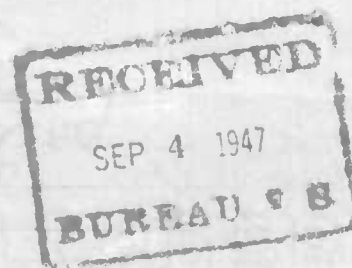
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE W. J. Banks

Address Cambridge Md Date signed 9/1/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64-116

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year 4 mos. 14 ds
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 1 year 4 mos. 14 ds.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline
 City or town..... Feddersburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. West Central Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... 7%

3. (a) FULL NAME

William Todd

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife June Stark
 6.(c) If alive, give age 58 years
 7. Birth date of deceased (mo., day, yr.) October 28 1972
 8. AGE: Years Months Days If less than one day
74 8 13 hrs. min.

9. Birthplace..... Caroline County Maryland
 (Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business

12. Name..... Caleb Todd
 13. Birthplace..... Caroline County Maryland

14. Maiden name..... Charlotte Nichols
 15. Birthplace..... Maryland

16. Informant..... Hospital Records
 Address..... Cambridge, Maryland

17. Burial Date thereof..... August 12, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... West Crest Cemetery
 Location..... Feddersburg, Maryland

18. Funeral director..... J. S. Frampton and Son
 Address..... Feddersburg, Maryland

19. August 12 19 47 J. S. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 10 19 47 at 5:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 27 19 46 to August 10 19 47
 and that I last saw him alive on August 9 19 47

Immediate cause of death..... Arteriosclerotic Cardiovascular
disease DURATION 9 years

Due to.....

Due to.....

Other conditions..... Psychosis with Mental Deficiency

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address..... Cambridge Maryland Date signed 8/10/47

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AUG 20 1947

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

67020

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County SorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

11 Dobson St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 11 Dobson St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Annal L. Francis

3. (b) Social Security Number

4. Sex

female

5. Color or race

Col

6.(a) Single, married, widowed, or divorced

widow

6.(b) Name of husband or wife

Frank H. Francis

7. Birth date of deceased (mo., day, yr.)

July 30, 1880

8. AGE:

64 Years 4 Months 4 Days If less than one day

9. Birthplace

East New Market
(Town, county, and state)

10. Usual occupation

Lab or

11. Industry or business

none

FATHER

12. Name Dorothy Knowl13. Birthplace nd

MOTHER

14. Maiden name Dorothy Knowl15. Birthplace nd16. Informant Ruth EmmelsAddress 11 Dobson Cambridge17. Slaford Date thereof Aug 6, 1947
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Slaford HillLocation Slaford Hill18. Funeral director Levi H. BaynerAddress Cambridge nd19. Aug 6 19 47 John M. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3 19 47 at 2 4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 3 19 47 to Aug 3 19 47and that I last saw him alive on Aug 3 19 47

Immediate cause of death

Coronary occlusion DURATION 2 days

Due to

Arteriosclerosis H.D. unknown

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. Bayner M. D. or otherAddress 136 Race St. Cambridge Md. Date signed Aug 7, 1947

RECEIVED
AUG 7 1947
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07021

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 Years
Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
How long in hospital or institution? 11 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 319 Willis St.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

William Henry Warfield

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Martha Walston Marshall
Mattie Marshall 6. (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Jan. 22, 1878
8. AGE: Years 69 Months 6 Days 10 If less than one day
.....hrs.min.

9. Birthplace Dorchester Co., Md.
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business Freighting
12. Name Alonza Warfield
13. Birthplace Maryland
14. Maiden name Margaret Thomas
15. Birthplace Maryland

16. Informant Mrs. Mattie M. Warfield
Address Cambridge, Maryland
17. Burial Date thereof Aug. 4, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Speddens Cemetery
Location James, Dor. Co., Md.
18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. Aug 4 - 19 47 John Mace
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2, 19 47 at 6: A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 20 19 47 to Aug 2 19 47
and that I last saw him alive on Aug 2 19 47
Immediate cause of death Coronary thrombosis
acute
Due to arterio-sclerotic
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
.....Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James H. Thompson, M.D. M. D. or other
Address Cambridge, Md. Date signed Aug 2 - 47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 5 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07022

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester
 City or town Secretary
 (If outside city or town limits, write RURAL and give nearest town)
 Now long in above place of death? Life -
 Hospital, institution, or street address where death occurred:
at home -
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Secretary
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Davis Harry ~~Wells~~ Wells

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

B. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 17, 1947

8. AGE: Years 0 Months 0 Days 0 If less than one day 22 hrs. min.

9. Birthplace Secretary, Md.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name John Wells

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address Secretary, Md.

17.

Date thereof 8/18/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory E. New Market CemeteryLocation E. New Market, Md.

18. Funeral director

Address East New Market, Md.

19.

(Date rec'd by registrar)

Aug. 18 19 47 Elizabeth C. Smith
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17, 1947 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 17, 1947 to August 17, 1947and that I last saw him alive on August 17, 1947

Immediate cause of death

Probably cardiac
congenital defect
unknown

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

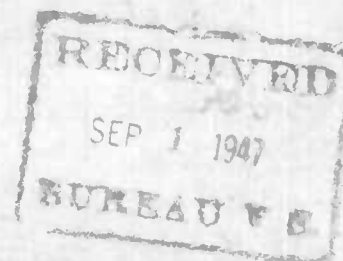
Means of injury

Injured at work?

23. SIGNATURE

W. Harrison M.D.
Hurlock Md. M. D. or other
 Address Date signed 8/18/47

25.175



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07023

Reg. Diat. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 months in care of

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 224 Muir St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary L. Willson

3. (b) Social Security Number

4. Sex female 5. Color or race Col 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Adan milder7. Birth date of deceased (mo., day, yr.) April 2, 18816. (c) If alive, give age 78 years8. AGE: Years 66 Months 00 Days 00 If less than one dayhrs. 00 min. 009. Birthplace Beck meck
(Town, county, and state)10. Usual occupation laborer11. Industry or business none12. Name Dante know13. Birthplace Maryland14. Maiden name Maidiah Bank15. Birthplace Beck meck, MD16. Informant Milton WillsonAddress Cambridge17. Cambridge Date thereof Aug 13, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Wagon churchLocation Cambridge18. Funeral director Genius H. BaumanAddress Cambridge19. Aug 13-47 John milder
(Date rec'd by registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1947 at 4:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 12 1947 to Aug 10 1947and that I last saw her alive on Aug 6 1947Immediate cause of death Cardiovascular disease DURATION 3 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alfred E. Barker, M.D. M.D. or otherAddress Cambridge, Md. Date signed 8-13-47

RECEIVED

AUG 18 1947

BUREAU 78

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

518

07024

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Hospital

How long in hospital or institution?

12 days

3. (a) FULL NAME

William L. Wright

3. (b) Social Security Number

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Jan 19 1855

8. AGE:

Years 98 Months 7 Days 2nd If less than one day _____ hrs. _____ min.

9. Birthplace

Retired Farmer

10. Usual occupation

11. Industry or business

12. Name Samuel Wright

13. Birthplace 2nd

14. Maiden name Susan Mills

15. Birthplace 2nd

16. Informant Mrs Harry Parker

Address East New Market

17. Buried Date thereof (month) (day) (year) Aug 17 1947

Cemetery or crematory Cemetery

Location East New Market

18. Funeral director H. B. Willoughby

Address East New Market

19. 8-11-47 (Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town East New Market
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/18/47 19 47 at 430 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/28/47 19 47 to 8/18/47 19 47

and that I last saw him alive on 8/18/47 19 47

Immediate cause of death

uremia

DURATION

4 days

Due to Hypertension, Prostate

Enlarged Prostate

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

James M. Wright, M.D. M.D. or other

Address Cambridge, Md. Date signed 8/18/47

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Her name
please mail
official permit

RECEIVED
AUG 13 1947
BUREAU 08